

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049875

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		'AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			1			
4						
5			1			
6			1			
7						
8			1			
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			3			
TOTAL CLAIMS			8			

*	IND.	DEP.	*	IND.	DEP.	*
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331